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March 11, 2021
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Before the Labor And
Public Employees Committee

In Support of SB 1002: AN ACT CONCERNING LABOR ISSUES RELATED TO COVID-19, PERSONAL PROTECTIVE EQUIPMENT AND OTHER STAFFING MATTERS and In Support of HB 6595: AN ACT CONCERNING LABOR MATTERS RELATED TO COVID-19, PERSONAL PROTECTIVE EQUIPMENT AND OTHER STAFFING ISSUES

Good Afternoon Senator Kushner, Representative Porter, and members of the Labor and Public Employees committee. I'm Tanya Lemanski and I'm a 34 year employee at CVH, my title is Behavioral Health Unit Supervisor and I'm also a registered nurse. I come before you today in support of SB 1002 and HB 6595.

In March 2020 we were told our detox unit was closing, and the staff on that unit were going to be running the new COVID unit 2 days later. At that time there was not a unit set up to take care of COVID patients, and all staff were fearful of the unknown. We knew very little about the virus. Many left state service or retired for fear of dying from COVID. Detox staff went to a new unit and prepared to care for COVID patients.

This unit was to be a medical-psychiatric-addictions unit with COVID positive clients. To say the least, we were put under a tremendous amount of stress. Staff that were assigned had to be quickly trained on medical issues, medical equipment, PPE donning, doffing, fitting others with PPE, and how to restrain infected patients. Once patients started to arrive it gave new meaning to what we and patients were used to. The goal at all times were to give patients best care and make sure they were comfortable and had rapport with staff. It took no time at all to get to know clients and form strong relationships, but the fear of the virus was still there.

Staff on unit had to wear full PPE – cap, gown, gloves, booties, n95 – and it was extremely hot with all that gear especially because we had to provide total care. We had a staff at each doorway for patient to monitor for symptoms. We had all clinical staff helping with feedings, monitoring, taking temperatures, changing patients.

The staff were not allowed to leave on their shift. Other staff were afraid of coming in contact with COVID unit staff. Our meals were put outside the door to reduce contact. We were encouraged to use a side stairway that other staff did not use. We were given the option of using hotel rooms, but those who went home undressed into their garage. Most days the staff on this unit worked 16 hours as there was a constant staffing shortage. Only COVID staff could work on COVID unit, and relationships between staff was torn because some were fearful of COVID. There are still staff who work from home and it was difficult to watch when you are asked to put your life on the line to take care of these patients. More significantly, our DMHAS leadership did not or would not come onto the unit.

For the COVID unit, we developed a program with 1-1 engagements and recreational therapy. When you look into the eyes of patients who have COVID it really does something to you. We sing “kick COVID goodbye” when they’re able to leave – the staff do a clap out when they leave and there’s other staff to meet them clapping. It’s a really big deal to recover from COVID when you struggle with other issues. These clients gave new meaning to being in the healthcare field. We treated them with utmost respect.

COVID has been the worst time in my career because we had to treat patients even the rest of the country didn’t know what to do with. When clients recovered, we transformed the admissions unit to admit addictions patients. We have less fear as we’ve learned a lot and our COVID staff have strong relationships with each other.

We are asking that the state recognize the heroic work that we have done over the last year. As a nurse, it is my duty to take care of everyone through illness. But never in my 30+ year career have I seen anything like what our staff went through in the last 12 months. We made enormous sacrifices and we deserve this small relief. Please pass SB 1002 & HB 6595.

Thank you for your time.